



Sunshine Station Preschool

5601 Sunnybrook Drive ° Sioux City, Iowa 51106 ° 712-224-5611

Physical Form (To be completed by Physician or Designee)

Child's full name: _____

Address: _____

Age: _____ DOB: _____ Height: _____ Weight: _____

Allergies (food or medicine): _____

Head & Scalp: _____ Skin: _____

Eyes: _____ Nose: _____ Lymph Nodes: _____

Ears: _____ (L) TM: _____ (R) TM: _____

Mouth – Teeth: _____ Gingival: _____ Palate: _____

Throat: _____ Neck: _____ Chest: _____

Heart: _____ B.P. _____ Femoral Pulse

Lungs: _____ Abdomen: _____

Spine and Back: _____ Extremities: _____ Gait: _____

Neuromuscular: _____ Urinalysis: _____

Vision: (R) eye: _____ (L) eye: _____ Both: _____

Hearing: Normal: _____ Abnormal: _____ Not Tested: _____

If needed: Hemoglobin or Hematocrit: _____ Tuberculin Screening: _____

Sickle Cell screening: _____ Development Testing: _____

Lead Screening: _____ Other: _____

Summary of findings and recommendations: I have examined _____

He/She is _____ is not _____ physically and emotionally able to participate in your program.

Additional comments: _____

Date of the physical examination: _____ Today's date: _____

Signature of Physician or Designee: _____

***This form must be completed and turned in before the first day of preschool**